

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Robert S. Haring**

Mailing Address 100 N High St Ste D

City

Dublin

State

OH

Zip Code

43017-2155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2011

Transaction ID : SA11AI.14613

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. J. Huel Harris**

Mailing Address 1014 S. 28th Avenue

City

Hattiesburg

State

MS

Zip Code

39402-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 25 / 2011

Transaction ID : SA11AI.15090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Robert B. Harrison**

Mailing Address 700 McCarthy Blvd

City

New Bern

State

NC

Zip Code

28562-5233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.15362

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00